

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33167

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8590**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City Mo. 4316	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 6318 Cabanne	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) c. (Last) LIPSCHITZ		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 3-20-86
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR: Months 6 Days 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Scrap glass	
11. BIRTHPLACE (State or foreign country) Latvia		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sarah Lipschitz ADDRESS 6318 Cabanne	

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) Myocardial infarction		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the manner of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension		DUE TO (c)	
19. DATE OF OPERATION 10/18		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X 4500	

22. I hereby certify that I attended the deceased from **1945**, to **Sept. 12, 1952**, that I last saw the deceased alive on **Sept 11, 1952**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence M. Kistner M.D. (Degree or title)		23b. ADDRESS 4409 W. Patti		23c. DATE SIGNED 9/12/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/15/52		24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol	
				24d. LOCATION (City, town, or county) (State) Ladue, Mo.	

DATE REC'D BY LOCAL REG. SEP 13 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ME

working under my personal supervision.

Student Embalmer No.

Signed

Robert H. Penelumb

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 33167
Local Registrar's No. 8590

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

for Samuel Lipschitz, who, upon _____ oath, states that the original record of birth
dated 9-12-, 1952, of the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read March 20 - 1886

Instead of _____ Unknown

Item No. 9 should read age 66

Instead of _____ 68

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) _____ X Affiant S. Rosenthal Fun. Dir.

Relationship.

Berger Memorial S. L.
Present Address.

Subscribed and sworn to before me this 16 day of Oct., 1952

My Commission expires 3-4-53 Evel C. Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Sup - 33167